

Report of	Meeting	Date
Director (Early Intervention and Support) (Introduced by the Executive Member (Early Intervention))	Executive Member Decision	18 July 2019

SOCIAL PRESCRIBING

PURPOSE OF REPORT

- To seek approval to utilise the budget set aside for early intervention work to create posts to support social prescribing.
- To seek approval to agree terms with local Primary Care Networks to develop a social prescribing offer and to use funding from NHS England to employ further posts.

RECOMMENDATION(S)

- That four Social Prescribing posts are created, funded by the council and local Primary Care Networks
- That the Director (Early Intervention and Support) agree the final arrangements for the service based upon the principles in this report.

Confidential report Please bold as appropriate	Yes	No
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Key Decision? Please bold as appropriate	Yes	No
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Reason Please bold as appropriate	1, a change in service provision that impacts upon the service revenue budget by £100,000 or more	2, a contract worth £100,000 or more
	3, a new or unprogrammed capital scheme of £100,000 or more	4, Significant impact in environmental, social or physical terms in two or more wards

REASONS FOR RECOMMENDATION(S)

(If the recommendations are accepted)

- Creating capacity to support work around social prescribing aligns with the council's ambitions to support prevention and early intervention, and to expand the work of the Integrated Community Wellbeing Service.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- To not create the posts. This was rejected on the basis that it would not support the

achievement of the council's ambitions and would miss an opportunity to influence and shape the investment of new resources in public services in the area.

CORPORATE PRIORITIES

7. This report relates to the following Strategic Objectives:

Involving residents in improving their local area and equality of access for all	✓	A strong local economy	
Clean, safe and healthy homes and communities	✓	An ambitious council that does more to meet the needs of residents and the local area	✓

BACKGROUND

8. As part of the new GP contract that is driving the creation of Primary Care Networks (PCNs), NHS England is providing funding to PCNs for social prescribing. Over recent years the council, through the Public Service Reform Partnership and the Integrated Community Wellbeing service, has developed strong relationships with some key GPs within the borough. The funding, coupled with the existing partnerships, has presented an opportunity to work with the Primary Care Networks to develop a partnership model for social prescribing.

9. This fits with the council's vision to lead early intervention and prevention, identifying and working with individuals early and developing the mechanisms within the community (using existing assets) to enable longer term resilience and less dependency on more expensive public services.

What is social prescribing?

10. The King's Fund define social prescribing as:

Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

11. NHS England have issued guidance about the implementation of social prescribing in localities. It focuses on the creation of link workers who work with individuals to identify their care needs and to access local services and groups.

Primary Care Networks in Chorley

12. Under the new GP contract, GP practices are now organising into Primary Care Networks, which it is planned will take a greater lead on commissioning and shaping local health services. The following are the Primary Care Networks in Chorley:

- a. Chorley Central
- b. Chorley East
- c. Leyland (covering Eccleston and Mawdesley)
- d. The Chorley and South Ribble Health Network

13. The council has worked most extensively with the Chorley Central PCN. Most recently, this has included work on a population health pilot. The work identified a cohort of patients who were aged 45 to 65, were moderately frail and had frequent GP appointments. Individuals have been provided with advice and support to access non-clinical services.

14. Funding is being provided to each of the Primary Care Networks to employ or contract for a Social Prescribing Link worker. For Chorley Central, this funding is around £35k (the funding provided to other networks is to be confirmed but is assumed to be similar).

PROPOSAL

15. The Chorley Central PCN has agreed in principle to a partnership model for social prescribing. This would see the Network and council funding used to employ social prescribing link workers. This report sets out proposals for how the service will be delivered.

Funding available

16. The following funding is available:
- **£60k from Chorley Council:** this is the budget for 19/20 which was made available to provide greater capacity for prevention and early intervention, in response to the county council's proposal to withdraw the Lancashire Wellbeing Service from December 2019.
 - **£35k from Chorley Central PCN:** funding for a social prescribing link worker
 - **£35k from Chorley East PCN:** funding for a social prescribing link worker
 - **tb:** funding from other primary care networks, which should cover the cost of one worker per network.

Staffing and service model

17. It is proposed to create new Social Prescribing Link Worker posts at around scale 6. They would report to the Public Services Referral Hub Coordinator post already employed within the Early Intervention and Support directorate, with the focus of the roles and service set out below. The costs of the new posts are:

Post	Grade	Cost (inc on-costs)
Social Prescribing Link Worker	Scale 6	£32,583
Total (4 FTE)		£130,332

18. The proposals are currently based on the commitments currently made from local Primary Care Networks. If more networks agree to provide funding, the number of posts would be increased to match the funding available. The new posts will be employed by Chorley Council.
19. The funding from the PCNs would be reviewed after 12 months, and so it is proposed to employ the new posts on a 12 month fixed term contract.
20. The work of the team would be split broadly into the following areas:
- a. Reactive case work support for cases being managed through PIVOT and extended MDTs. These would be in cases where there was no clear service or where the individual would clearly benefit and wants to actively engage in support planning
 - b. Proactive case work using the methodology and approach developed in the population health pilot. Cohorts of individuals will be identified working with each Primary Care Network
 - c. To identify gaps in community provision and work with other teams within the integrated community wellbeing service to respond.
21. The new posts will form a team that will make use of the existing referral hubs and other mechanisms (such as Refernet).
22. The following will form the key elements of the service offer:
- a. Each Primary Care Network will have a named link worker, who will work onsite for at least 1.5 days per week – 1 day will be based at a surgery within the Network for bookable appointments and the remainder would be to attend MDT meetings.

- b. Each Link Worker will carry a caseload of around 250 cases per year, split between reactive and proactive work. The majority of the team's time will be spent working with individuals
- c. A framework methodology will be developed to guide the work of the team – this will include recognisable and measurable assessment of impact.
- d. Casework will only be undertaken with the consent of the individuals, and will seek to take an asset-based approach to support

Links to other services

- 23. The key links for the new team will be to GPs and other partners in the primary care networks, within the integrated community wellbeing service and the voluntary and community sector. Other public services will also be key partners, through existing referral hub mechanisms and the wider public service reform partnership.
- 24. Chorley Council's community engagement team will be central to a partnership model of social prescribing. While the new posts and team will work with individuals, the work of the community engagement team is focussed on infrastructure and community level support that will complement and support the work at an individual level. For example, the community resilience framework sets out an approach to engaging and supporting communities. This framework will provide the tools and principles for supporting the development of new community-based support where gaps in provision are identified through the work of the link workers.
- 25. The further advantages of having the Link Workers embedded in the integrated community wellbeing service include:
 - Greater economies of scale and resilience from a larger team, rather than having individual workers based solely within PCNs.
 - Ability to use existing mechanisms and pathways to access services, and to develop new pathways
 - Opportunity to link the district council services that strongly influence the wider determinants of health into primary care pathways to promote better prevention and early intervention.
- 26. If agreed, the arrangements for the service would be finalised with the participating Primary Care Networks. The posts would then be advertised and appointed in line with the council's usual procedures. Work will also be undertaken to develop a full induction and training plan, and to finalise the methodology and procedures for the social prescribing work.

IMPLICATIONS OF REPORT

- 27. The risk to the council at this point is particularly around financial risk, if the funding expected from Primary Care Networks is not forthcoming. This will be mitigated by not undertaking recruitment until relevant agreements are in place.
- 28. This report has implications in the following areas and the relevant Directors' comments are included:

Finance	✓	Customer Services	
Human Resources	✓	Equality and Diversity	
Legal		Integrated Impact Assessment required?	
No significant implications in this area		Policy and Communications	✓

COMMENTS OF THE STATUTORY FINANCE OFFICER

29. The council can fund 2 FTE within its agreed £60k 2019/20 recurrent budget, the council will increase the revenue budget from £60k to £130k to fund the additional 2 posts for 1 year. This is subject to funding from the Primary Care Network. The council will not employ the additional two staff until funding is approved with the PCN and Chorley Council.

COMMENTS OF THE MONITORING OFFICER

30. No comments.

CHRIS SINNOTT
DEPUTY CHIEF EXECUTIVE / DIRECTOR (EARLY INTERVENTION AND SUPPORT)

Report Author	Ext	Date
Chris Sinnott	5337	19 June 2019

Following careful consideration and assessment of the contents of this report, I approve the recommendation(s) contained in Paragraph 2 of the report in accordance with my delegated power to make executive decisions.



18 July 2019

Dated _____

Councillor Bev Murray
Executive Member (Early Intervention)